

1.) CORPORATION NAME:

DUE DATE: **10/31/2011**

**International Society for Technology in Education, Inc.**

SCC ID NO: **F1539594**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI**

**NATIONAL REGISTERED AGENTS INC**

**4001 North Ninth Street, Suite 227**

**ARLINGTON, VA 22203**

5.) STOCK INFORMATION

CLASS

AUTHORIZED

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**ARLINGTON COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**OR**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 180 WEST 8TH AVENUE  
SUITE 300

CITY/ST/ZIP: EUGENE, OR 97401-2916

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

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OFFICER

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DIRECTOR

NAME: KARA M GANN  
TITLE: SECRETARY  
ADDRESS: 621 SILVER SAGE  
CITY/ST/ZIP/CO: CHEYENNE, WY 82009-

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OFFICER

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DIRECTOR

NAME: DONALD G KNEZEK  
TITLE: CEO  
ADDRESS: 2926 PANZANO PLACE  
CITY/ST/ZIP/CO: SAN ANTONIO, TX 78258-

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OFFICER

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DIRECTOR

NAME: HOLLY JOBE  
TITLE: PRESIDENT  
ADDRESS: 602 E VALLEY GREEN RD  
CITY/ST/ZIP/CO: FLOURTOWN, PA 19031-

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OFFICER

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DIRECTOR

NAME: HELEN PADGETT  
TITLE: PAST PRESIDENT  
ADDRESS: 30914 N 74TH WAY  
CITY/ST/ZIP/CO: SCOTTSDALE, AZ 85262-2717

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OFFICER

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DIRECTOR

NAME: DAN MEYER  
TITLE: TREASURER  
ADDRESS: 16130 BIRCHWOOD LN  
CITY/ST/ZIP/CO: BRAINERD, MN 56401-

NAME:	ARLENE BORTHWICK	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	708 N BON AIRE DR		
CITY/ST/ZIP/CO:	PALATINE, IL 60074-		
NAME:	TONY BRANDENBURG	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	12 CROCKER ST		
CITY/ST/ZIP/CO:	BALLARAT, VIC 3350-, AUSTRALIA		
NAME:	HOWIE DIBLASI	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	928 RIVER WALK		
CITY/ST/ZIP/CO:	GEORGETOWN, TX 78633-		
NAME:	JULIE EVANS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	26491 MARSALA WAY		
CITY/ST/ZIP/CO:	MISSION VIEJO, CA 92692-		
NAME:	GWYNETH JONES	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	9546 GLEN OAKS LANE		
CITY/ST/ZIP/CO:	COLUMBIA, MD 21046-		
NAME:	CHRISTOPHER FULLER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	413 BANBURY LANE		
CITY/ST/ZIP/CO:	SAVOY, IL 61874-		
NAME:	JOHN KELLER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	6155 S 950 E		
CITY/ST/ZIP/CO:	ZIONSVILLE, IN 46077-		
NAME:	LESLIE CONERY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	DEPUTY CEO		
ADDRESS:	4065 SOUTHPOINT DRIVE		
CITY/ST/ZIP/CO:	EUGENE, OR 97405-		
NAME:	MIKE LAWRENCE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	5281 HAMER LANE		
CITY/ST/ZIP/CO:	PLACENTIA, CA 92870-		
NAME:	PAIGE JOHNSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	11640 SW RIVERWOOD RD		
CITY/ST/ZIP/CO:	PORTLAND, OR 97219-		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JULIE LINDSAY DIRECTOR NO 17, AREA 4, AN ZHEN XI LI BEIJING, 100029-, CHINA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEPHEN RAINWATER DIRECTOR 3301 BIG OAK DRIVE TYLER, TX 75707-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KECIA RAY DIRECTOR 6117 HAMPTON HALL WAY HERMITAGE, TN 37076-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BEN SMITH DIRECTOR 686 CORTLAND DRIVE YORK, PA 17403-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KARI STRUBBS DIRECTOR 3300 W 144TH ST LEAWOOD, KS 66224-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RIC WILTSE DIRECTOR 1046 SAN JUAN DR SE GRAND RAPIDS, MI 49506-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANNE TULLY CFO 30900 BLANTON ROAD EUGENE, OR 97405-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ LESLIE CONERY		LESLIE CONERY, DEPUTY CEO	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT		DATE	
PRINTED NAME AND CORPORATE TITLE			
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			